



EMPLOYMENT VERIFICATION FORM

(THIS FORM MUST BE COMPLETED BY AN OFFICIAL IN THE PERSONNEL OR HUMAN RESOURCES DEPARTMENT)

PRACTICE LOCATION

EMPLOYEE NAME: _____

DATE OF HIRE: _____

POSITION TITLE: _____

MONTHLY SALARY (not required): _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY

STATE

ZIP CODE

EMPLOYEE'S SUPERVISOR: _____ TITLE: _____

TELEPHONE #: _____

Please verify whether the employee is working fulltime (minimum 32 hours per week) ☐ or part time (16-31 hours per week) ☐

ADDITIONAL COMMENTS:

THIS FORM WAS COMPLETED BY:

NAME: _____

TITLE: _____

TELEPHONE: _____

SIGNATURE: _____ DATE: _____